IPDR6702	00/00/0004			NORTH CAROLINA	1	PAGE	: 1	
RUN DATE: (	08/22/2004			CHECKWRITE SUMMARY REPORT ECKWRITE DATE: 08/26/2004				
			CI	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901		8505	2637	CLAIM DENIED DUE TO INSUFFICIE				
3404301	SMOKY MOUNTAINM H/DD/SAS	0303	2037	NT BUDGET				
	H/DD/SAS							
		8599	121	DETAIL NOT COVERED BY COMBINAT	34	2927	2938	11
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		2000	70					
-		8800	70	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404902	BLUE RIDGE COMM	8326	181	ATTENDING PROVIDER NUMBER IS R				
	UNITY			EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		U	U		0	181	181	0
l	1	+						
3404904	WESTERN HIGHLAN	8517	272	CLAIMS DENIED, SUBMITTED BEYON	1			
	DS LME	+		D FILING TIMELIMIT. JULY				
	and another			THROUGH APRIL DOS MUST BE SUBM				
		11	258	CLIENT NOT ELIGIBLE ON SERVICE	5	607	868	261
				DATE				
		8505	30	CLAIM DENIED DUE TO INSUFFICIE				
		0303	50	NT BUDGET				
3404905	TREND COMM MENT	8525	251	CLAIM DENIED, REFERRING PROVID				
	AL HLTH CTR			ER MUST BE AN LMA.				
		0	0					
		U	U		0	251	251	0
3404907	RUTHERFORD-POLK	8326	78	ATTENDING PROVIDER NUMBER IS R				
	NOTIFIED TO LOUIS			EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		0	0		0	78	78	0
3404910		8505	465	CLAIM DENIED DUE TO INSUFFICIE				
3404310	PATHWAYS	0303	403	NT BUDGET				
	1	1	1					
1		8599	18	DETAIL NOT COVERED BY COMBINAT	0	483	635	152
		8599	18	ION OF RECIPIENT, PROVIDER AND	0	483	635	152
		8599	18		0	483	635	152
2404012				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	483	635	152
3404912	CATAWBA COUNTYM	8599 8517	18	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON	0	483	635	152
3404912	CATAWBA COUNTYM ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	0	483	635	152
3404912				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON	0	483	635	152
3404912				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	78	483		
3404912		8517	86	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404912		8517	86	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING THERIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  AMTNC INELIGIBLE TO RECEIVE SE				
3404912		8517 8931	86	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON OF FILING TIMELINIT. JULY THROUGH AFRIL DOS MUST BE SUBM  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404912		8517	86	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  NO RATE AVAILABLE ON FILE TO P				
3404912		8517 8931	86	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON OF FILING TIMELINIT. JULY THROUGH AFRIL DOS MUST BE SUBM  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404912		8517 8931	86	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  NO RATE AVAILABLE ON FILE TO P				
	ENTAL HEALT	8517 8931	86	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  NO RATE AVAILABLE ON FILE TO P				
3404913	ENTAL HEALT	8517 8931 8000	60	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404913	ENTAL HEALT	8517 8931 8000	60	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON OF FILING THERIBIT. JULY THROUGH AFRIL DOS MUST BE SUBM  AMTNC INELIGIBLE TO RECEIVE SE EVICES IN IPRS.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  ADTNC INELIGIBLE TO RECEIVE SE				
3404913	ENTAL HEALT	8517 8931 8000	60	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON  O FILING TIMELINIT. JULY  THROUGH AFRIL DOS MUST BE SUBM  AMTNC INELIGIBLE TO RECEIVE SE  RVICES IN IPRS.  NO RATE AVAILABLE ON FILE TO P  RICE THIS CLAIM DETAIL  ADTNC INELIGIBLE TO RECEIVE SE  RVICES IN IPRS.				
3404913	ENTAL HEALT	8517 8931 8000	60	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLAIMS DENIED, SUBMITTED BEYON				2417
3404913	ENTAL HEALT	8517 8931 8000	60	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON O FILING THELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM  AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  ADTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLAIMS DENIED, SUBMITTED BEYON D FILING THELIMIT. JULY	78	199	2616	2417
3404913	ENTAL HEALT	8517 8931 8000	60	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLAIMS DENIED, SUBMITTED BEYON	78	199	2616	2417
3404913	ENTAL HEALT	8931 8931 8000 8933	86 60 16 448	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILLING THERLIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM  AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  ADTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM	78	199	2616	2417
3404913	ENTAL HEALT	8517 8931 8000	60	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON O FILING THERLIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLAIMS DENIED, SUBMITTED BEYON D FILING THRELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM  EXCEEDS THE ONE PER DAY LIMITA	78	199	2616	2417
3404913	ENTAL HEALT	8931 8931 8000 8933	86 60 16 448	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON D FILLING THERLIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM  AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  ADTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM	78	199	2616	2417

	1							
PROVIDER		HIGH DENIAL	NUMBER OF		TNIC	TOTAL	TOTAL	TOTAL
NUMBER	DROUTDER WAVE	EOBS EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOLLDER	PROVIDER NAME	2020	DENTITED	220011212201	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	8517	1038	CLAIMS DENIED, SUBMITTED BEYON				
	VIORAL HEAL			D FILING TIMELIMIT. JULY				
	VIOLUI IIIII			THROUGH APRIL DOS MUST BE SUBM				
		21	789	DUPLICATE OF CLAIM-SYSTEM	0	2318	2345	27
		8505	418	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404917		11	566	CLIENT NOT ELIGIBLE ON SERVICE				
2404317	CENTERPOINT HUM	11	500	DATE				
	AN SERVICES			2442.27				
		8599	455	DETAIL NOT COVERED BY COMBINAT	16	1811	2909	1098
				ION OF RECIPIENT, PROVIDER AND	10	1011	2303	1030
				BENEFIT PACKAGE.				
		8505	303	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
					-			
3404918	ROCKINGHAM CO M	8505	236	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
	1	8599	78	DETAIL NOT COVERED BY COMBINAT				
	1	0033		ION OF RECIPIENT, PROVIDER AND	18	423	964	541
				BENEFIT PACKAGE.				
				BENEFII FACAGE.				
		537	61	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404919	GUILFORD CO MEN	8599	364	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	117	CLAIM DENIED DUE TO INSUFFICIE	9	523	534	11
				NT BUDGET				
		11	18	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404920		8517	371	CLAIMS DENIED, SUBMITTED BEYON				
	ALAMANCE CASWEL L AREA MH D			D FILING TIMELIMIT. JULY				
	D AREA PIN D			THROUGH APRIL DOS MUST BE SUBM				
		8505	359	CLAIM DENIED DUE TO INSUFFICIE	1	826	2860	2034
				NT BUDGET				
		8599	52	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404921	ORANGE PERSON C	5312	747	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
	1	1						
	1	8505	445	CLAIM DENIED DUE TO INSUFFICIE				
		0000	443	NT BUDGET	59	1747	5222	3475
	1	1						
	+	1						
	1	27	159	DIAGNOSIS CODE MISSING OR INVA				-
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
	1	1						
3404922	THE DURHAM CENT	8517	6949	CLAIMS DENIED, SUBMITTED BEYON				
	ER	1		D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	973	DETAIL NOT COVERED BY COMBINAT	4	8673	21620	12947
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	267	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE	i e			i .

	1			1	1			
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NOPIBER	PROVIDER NAME	EOBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404923		8599	904	DETAIL NOT COVERED BY COMBINAT				
3404923	VGFW AREA AUTHO	0333	304	ION OF RECIPIENT, PROVIDER AND				
	RITY			BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		8517	317	CLAIMS DENIED, SUBMITTED BEYON				
		0317	317		3	1574	5459	3885
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				INCOUGH AFRIL DOS MUSI DE SUDM				
		11	262	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404925	SANDHILLS CENTE	8599	5622	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	960	DUPLICATE OF CLAIM-SYSTEM	312	8734	13064	4330
		8505	744	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
	1	1	1			1	1	
3404926	SOUTHEASTERN RE	8599	988	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL	1	1	ION OF RECIPIENT, PROVIDER AND		1	1	
		1	1	BENEFIT PACKAGE.		1	1	
		1						
	+	8517	469	CLAIMS DENIED, SUBMITTED BEYON	826	4177	7287	3110
	+	<b>†</b>		D FILING TIMELIMIT. JULY	626	41//	1281	3110
	1	1	+	THROUGH APRIL DOS MUST BE SUBM		+	<del>                                     </del>	
				THROUGH TEXTE DOD NOOT DE DOES				
		8505	385	CLAIM DENIED DUE TO INSUFFICIE				
		0303	303	NT BUDGET				
				NT BUDGET				
3404927	CUMBERLAND CO M	8599	178	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	97	60 RESIDENTIAL LEVEL III TREAT	4	490	2941	2444
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8517	69	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404929	LEE HARNETT MH/	40	730	DATE OF SERVICE MISSING OR INV				
	DD/SAS			ALID. VERIFY				
	,			AND ENTER CORRECT DOS AND SUBM				
		8599	90	DETAIL NOT COVERED BY COMBINAT		885	1334	449
				ION OF RECIPIENT, PROVIDER AND		003	1334	443
				BENEFIT PACKAGE.				
	1	1	+			+	<del>                                     </del>	
	1	8505	54	CLAIM DENIED DUE TO INSUFFICIE		1	<del>                                     </del>	
	1	1	1	NT BUDGET		1	<del>                                     </del>	
	1	1	1			1	<del>                                     </del>	
	1		1			-	-	
3404930	l	8931	2	AMTNC INELIGIBLE TO RECEIVE SE			-	-
3404930	JOHNSTON COUNTY	0231	-	RVICES IN IPRS.	-	1	-	
	MNTL HLTHC	1	1	NYTODO IN IENO.	-	1	-	
	1	1	1		-	1	-	
	1	0	0		-	1	-	
	1	v	v .		2	2	12	10
		0505						
3404931	WAKE CO HUM SVC	8505	1332	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		8517	315	CLAIMS DENIED, SUBMITTED BEYON	235	2554	6261	3707
			1	D FILING TIMELIMIT. JULY	1	1 -		
				THROUGH APRIL DOS MUST BE SUBM				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	265	THROUGH APRIL DOS MUST BE SUBM  DETAIL NOT COVERED BY COMBINAT				
		8599	265					
		8599	265	DETAIL NOT COVERED BY COMBINAT				
		8599	265	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404932	DANIVIT DE /SAMOUT	8599	265	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404932	PANDOLPH/SANDHI	8599	265	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404932	RANDOLPH/SANDHI LLS CO MH C	8599	265	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404932		8599	265	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404932		8599	265	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404932		0	265	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	0
3404932		0	265	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	0

FROVIDER NAME EORS DENIALS DESCRIPTION DENIALS FINALIZ  FROWIDER NAME EORS DENIALS DESCRIPTION DENIALS FINALIZ  SIGNAPARA PROVIDER NAME EORS DENIALS DENIALS FINALIZ  SIGNAPARA PROVIDER NAME EORS DENIALS DENIALS FINALIZ  SIGNAPARA PROVIDER NAME EORS DENIALS FINALIZ  SIGNAPARA PROVIDER NAME EORS DENIALS FINALIZ  SIGNAPARA PROVIDER NAME EORS DENIALS FINALIZ  STORMAN PROVIDER NAME EORS DENIALS FINALIZATION FINALIZAT		
NOMBER PROVIDER NAME EOSS DENIALS DESCRIPTION DENIALS DANAS PINALS 3404933 SOUTHEASTERN CT 5505 124 CLAIM DENIED DUE TO INSUFFICIE  5 FOR MM/DD  6 SP9 42 DETAIL NOT COVERED BY COMBINAT  1 IN OF RECIPIENT, PROVIDER AND  1 SEMETIT PACKAGE.  1 STORM STANDARD  1 STAND	964	7500
PROVIDER NAME	964	750
R YOR MAYDO  R YOR YOR MAYDO  R		
R YOR MAYDO  R YOR YOR MAYDO  R		
S599   42   DETAIL NOT COVERED BY COMBINAT   22   214		
ION OF RECIPIENT, PROVIDER AND BENFIT PACKAGE.  8931 15 ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  1404934 ONSLOW COUNTY B 8599 120 DETAIL NOT COVERED BY COMBINAT EHAVIORAL H ION OF RECIPIENT, PROVIDER AND BENFIT PACKAGE.  8329 76 CLAIM DENIED ATTENDING PROVIDE 1 228 R CANNOT BE THE SAME AS THE LMA 10 11 DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR 1404935 MAYNE CO MENTAL 0 0 *** NO DATA TO REPORT *** HEALTH CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
ION OF RECIPIENT, PROVIDER AND		
ION OF RECIPIENT, PROVIDER AND		
SEMEPTI PACKAGE.	598	
Second   S	598	
AVICES IN 1PRS.  RISCON-GREENE M 8517 83 CLAIMS DENIED, SUBMITTED BEYON  PROVIDED BY COMBINAT  RICHARD COUNTY B 8599 120 DETAIL NOT COVERED BY COMBINAT  IN OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  RICHARD FROVIDER AND  BENEFIT PACKAGE.  1 228  RICHARD FROVIDER AND  BENEFIT PACKAGE.  1 228  RICHARD FROVIDER AND  1 228  RICHARD FROVIDER AND  1 228  RICHARD FROVIDER AND  1 228  RICHARD FROVIDER COMBINAT  1 228  RICHARD FROVIDER CODE FOR  1 228  RICHARD FROVIDER CODE FOR  1 200	598	
AVICES IN 1PRS.  RISCON-GREENE M 8517 83 CLAIMS DENIED, SUBMITTED BEYON  PROVIDED BY COMBINAT  RICHARD COUNTY B 8599 120 DETAIL NOT COVERED BY COMBINAT  IN OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  RICHARD FROVIDER AND  BENEFIT PACKAGE.  1 228  RICHARD FROVIDER AND  BENEFIT PACKAGE.  1 228  RICHARD FROVIDER AND  1 228  RICHARD FROVIDER AND  1 228  RICHARD FROVIDER AND  1 228  RICHARD FROVIDER COMBINAT  1 228  RICHARD FROVIDER CODE FOR  1 228  RICHARD FROVIDER CODE FOR  1 200	598	
3404934 ONSLOW COUNTY B 8599 120 DETAIL NOT COVERED BY COMBINAT	598	
ERAVIORAL H  100 OF RECIPIENT, PROVIDER AND  8329 76 CLAIM DENIED ATTENDING PROVIDE 1 228  1 228  1 1 228  1 1 228  1 1 228  1 1 228  1 1 228  1 1 2 28  1 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	598	
ERAVIORAL H  100 OF RECIPIENT, PROVIDER AND  8329 76 CLAIM DENIED ATTENDING PROVIDE 1 228  1 228  1 1 228  1 1 228  1 1 228  1 1 228  1 1 228  1 1 2 28  1 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	598	
ERAVIORAL H  100 OF RECIPIENT, PROVIDER AND  8329 76 CLAIM DENIED ATTENDING PROVIDE 1 228  1 228  1 1 228  1 1 228  1 1 228  1 1 228  1 1 228  1 1 2 28  1 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	598	
ERAVIORAL H  100 OF RECIPIENT, PROVIDER AND  8329 76 CLAIM DENIED ATTENDING PROVIDE 1 228  1 228  1 1 228  1 1 228  1 1 228  1 1 228  1 1 228  1 1 2 28  1 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	598	
SEMEPTI PACKAGE.	598	
S329   76	598	
R CANNOT BE THE SAME AS  THE LMA  10  11  10  11  OR CLIENT AGE. VERIFY CLD,  DIAGNOSIS, PROCEDURE CODE FOR  DIAGNOSIS, PROCEDURE CODE FOR  3404935  WAYNE CO MENTAL  HEALTH CTR  0  0  0  1  10  11  11  12  13  14  14  15  16  17  18  18  18  18  18  18  18  18  18	598	+
R CANNOT BE THE SAME AS  THE LMA  10  11  10  11  11  11  12  13  1404935  1404936  15  16  17  18  18  18  19  19  19  19  19  19  19	330	370
10		370
10		
OR CLIENT AGE, VERIFY CID,  OR CLIENT AGE, VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  AVAINE CO MENTAL  HEALTH CTR  O  O  O  O  O  O  O  O  O  O  O  O  O		
OR CLIENT AGE, VERIFY CID,  OR CLIENT AGE, VERIFY CID,  DIAGNOSIS, PROCEDURE CODE FOR  AVAINE CO MENTAL  HEALTH CTR  O  O  O  O  O  O  O  O  O  O  O  O  O		
DIAGNOSIS, PROCEDURE CODE FOR  3404935 NAYNE CO MENTAL  0 0 *** NO DATA TO REPORT ***  HEALTH CTR  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
3404935 WAYNE CO MENTAL 0 0 0 *** NO DATA TO REPORT ***  HEALTH CTR  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		+
HEALTH CTR		
HEALTH CTR		
	0	0
		1
		<b>T</b>
ENTAL HEALT D FILING TIMELIMIT. JULY		
THROUGH APRIL DOS MUST BE SUBM		
8000 61 NO RATE AVAILABLE ON FILE TO P 19 175	1486	1311
RICE THIS CLAIM DETAIL	1486	1311
NUS 1813 CHAIN DEIAID		
8931 14 AMTNC INELIGIBLE TO RECEIVE SE		
RVICES IN IPRS.		
3404937 EDGECOMBE NASH 8517 350 CLAIMS DENIED, SUBMITTED BEYON		
MNTL HLTH C D FILING TIMELIMIT. JULY		
THROUGH APRIL DOS MUST BE SUBM		
8599 29 DETAIL NOT COVERED BY COMBINAT 0 408	2222	1814
ION OF RECIPIENT, PROVIDER AND		
BENEFIT PACKAGE.		
		1
10 16 DIAGNOSIS OR SERVICE INVALID F		
OR CLIENT AGE. VERIFY CID,		
DIAGNOSIS, PROCEDURE CODE FOR		
3404938 VGFW DBA RIVERS 24 18 PROCEDURE CODE, PROCEDURE/MODI		
TONE COUNSE FIER COMMINATION OR PROCEDURE		+
CODE/TYPE OF SERVICE COMBINATI		
8599 15 DETAIL NOT COVERED BY COMBINAT 32 80	719	639
ION OF RECIPIENT, PROVIDER AND		
BENEFIT PACKAGE.		
8931 14 AMTNC INELIGIBLE TO RECEIVE SE		
RVICES IN IPRS.		
3404939 NEUSE MENTAL HE 8517 464 CLAIMS DENIED, SUBMITTED BEYON		<b>T</b>
ALTH CENTER D FILING TIMELIMIT. JULY		<b>T</b>
ALIN LENIER THROUGH APRIL DOS MUST BE SUBM		<del>                                     </del>
		+
8505 310 CLAIM DENIED DUE TO INSUFFICIE 0 1123	2974	1 1851
NT SUDGET 0 INSUFFICE 0 1123	29/4	1851
Na Subsidia		+
		+
101 125 77 THE TO WELLOW LINE		+
191 135 CLIENT ID NUMBER DOES NOT MATC		
H PATIENT NAME		
3404941 PITT CO MH/DD/S 8517 1522 CLAIMS DENIED, SUBMITTED BEYON		
3404941 PITT CO MH/DD/S 8517 1522 CLAIMS DENIED, SUBMITTED BEYON		<b>T</b>
3404941 PITT CO MB/DD/S 8517 1522 CLAIMS DENIED, SUBMITTED BEYON		
3404941 PITT CO MB/DD/S 8517 1522 CLAIMS DENIED, SUBMITTED BEYON AS CENTER D FILING TIMELIMIT. JULY		296
3404941 PITT CO MH/DD/S 8517 1522 CLAIMS DENIED, SUBMITTED BEYON AS CENTER D FILING THRELIMIT, JULY THROUGH APRIL DOS MUST BE SUBM	2412	296
3404941 PITT CO MB/DD/S 8517 1522 CLAIMS DENIED, SUBMITTED BEYON  AS CENTER D FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM  8505 539 CLAIM DENIED DUE TO INSUFFICE 6 2116	2412	+
3404941 PITT CO MH/DD/S 8517 1522 CLAIMS DENIED, SUBMITTED BEYON AS CENTER D FILING THRELIMIT, JULY THROUGH APRIL DOS MUST BE SUBM	2412	
3404941 PITT CO MB/DD/S 8517 1522 CLAIMS DENIED, SUBMITTED BEYON  AS CENTER D FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM  8505 539 CLAIM DENIED DUE TO INSUFFICE 6 2116	2412	1
3404941 PITT CO MM/DD/S 8517 1522 CLAIMS DENIED, SUBMITTED BEYON  AS CENTER  D FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM  8505 539 CLAIM DENIED DUE TO INSUFFICIE 6 2116 NT BUDGET	2412	
STATE   STAT	2412	
3404941 PITT CO MH/DD/S 8517 1522 CLAIMS DENIED, SUBMITTED BEYON  AS CENTER D FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM  8505 539 CLAIM DENIED DUE TO INSUFFICIE 6 2116 NT BUDGET  8599 15 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	2412	
STATE   STAT	2412	

PROVIDER							TOTAL	TOTAL
NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NORDEK	PROVIDER NAME	2023	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	ROANOKE CHOWANH	8505	215	CLAIM DENIED DUE TO INSUFFICIE				
	UMAN SERVIC			NT BUDGET				
		21	43	DUPLICATE OF CLAIM-SYSTEM	29	346	831	485
		8599	35	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA	8599	187	DETAIL NOT COVERED BY COMBINAT				
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	24	CLAIMS DENIED, SUBMITTED BEYON	32	287	1657	1370
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8931	18	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				-
								-
								-
3404944	EASTPOINTE HUMA	8517	551	CLAIMS DENIED, SUBMITTED BEYON				
	N SERVICES			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8505	248	CLAIM DENIED DUE TO INSUFFICIE	62	1039	3065	2026
				NT BUDGET				
		8599	67	DETAIL NOT COVERED BY COMBINAT				
		8599	67	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				DEMELT LIGHTER.				
3404946	FOOTHILLS AREAM	8517	487	CLAIMS DENIED, SUBMITTED BEYON				
	ENTAL HEALT			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		11	132	CLIENT NOT ELIGIBLE ON SERVICE	0	659	682	23
				DATE				
		8544	31	CLAIM DENIED DUE TO INVALID FR OM DATE OF SERVICE				
				ON DATE OF SERVICE				
3404957	TIDELAND MENTAL	8505	203	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8517	89	CLAIMS DENIED, SUBMITTED BEYON	2	294	321	27
				D FILING TIMELIMIT. JULY			-	
				THROUGH APRIL DOS MUST BE SUBM				
		0005	2	ACTMC INDITCIDID TO DECRIVE OF				
		8935	4	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				AVIOLO IN IFAO.				
								-
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				<b> </b>
3404933	TAL HLTH CT			+				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM	8505	489	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8599	88	DETAIL NOT COVERED BY COMBINAT	-		4	4000
				ION OF RECIPIENT, PROVIDER AND	0	579	1647	1068
				BENEFIT PACKAGE.				-
		5404	1	SEVERE DUPLICATE: SAME ATTD PR				